UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1170357
OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per
response I

•	SEC U	SE ONLY
Prefix		Serial
	DATE R	RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Offering of up to 2,153,117 shares of Series D Convertible Preferred Stock	GEG Mail Precessing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Scotto
Type of Filing: New Filing Amendment	in- a turn
A. BASIC IDENTIFICATION DATA	APR 172008
Enter the information requested about the issuer	
Name of Issuer Nanolnk, Inc. (check if this is an amendment and name has changed, and indicate change.)	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Co	Telephone Wamber (Including Area Code)
8025 Lamon Avenue, Skokie, Illinois 60077	(847) 679-6266
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area
Brief Description of Business Nanoencryption and Dip Pen Nanolithography	
Type of Business Organization	O8046370 - OROCESSED PROCESSED
☑ corporation ☐ limited partnership, already formed ☐ other ((please specify):
business trust	PHOS
Actual or Estimated Date of Incorporation or Organization: 1	Estimated APR 23 2008 D E HOMSON PINANCIAL
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of U.S.C. 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A no and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below on which it is due, on the date it is mailed by United States registered or certified mail to that address.	
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed copy or bear typed or printed signatures.	aned. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the thereto, the information requested in Part C, and any material changes from the information previously supplied need not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: ·	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the must be completed.	s Administrator in each state where sales are to , a fee in the proper amount shall accompany

-ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of

a federal notice.

FORM D			**** * * **		
		A. BASIC IDENTIF	ICATION DATA		
 Each beneficial owner issuer; 	issuer, if the issuer har r having the power to r and director of corp	ing: as been organized within the p vote or dispose, or direct the orate issuers and of corporate	east five years; vote or disposition of, 10 ^t		1
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	I引 Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)	· · · · · · · · · · · · · · · · · · ·			
Mirkin, Chad A.					
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			
8025 Lamon Avenue, Skokie	, Illinois 60077				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	43 Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Hussey, James M.					
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			
8025 Lamon Avenue, Skokie	, Illinois 60077				· ·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	□ Cirector	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Janosky, Robert J.					<u></u>
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			:
8025 Lamon Avenue, Skokie	, Illinois 60077				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Slezak, Mark					
Business or Residence Addres	s (Number and Street	t, City, State, Zip Code)			i
8025 Lamon Avenue, Skokie	, Illinois 60077				
Check Box(es) that Apply:	☐ Promoter Managing Pa	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Brauer, Keith					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
8025 Lamon Avenue, Skokie	, Illinois 60077				

Lurie Investment Fund, LLC

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

8025 Lamon Avenue, Skokie, Illinois 60077

Check Box(es) that Apply:

Check Box(es) that Apply:

White, William

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

☐ Promoter

Two North Riverside Plaza, Suite 1500, Chicago, Illinois 60606

☐ Executive Officer

☐ Executive Officer

Director

☐ L'irector

☐ General and/or Managing Partner

☐ General and/or

Managing Partner

☐ Beneficial Owner

■ Beneficial Owner

FORM D Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer [] Director General and/or **Managing Partner** Managing Partner Full Name (Last name first, if individual) **AOQ Trust** Business or Residence Address (Number and Street, City, State, Zip Code) Two North Riverside Plaza, Suite 1500, Chicago, Illinois 60606 Check Box(es) that ☐ Promoter ☐ Executive Officer □ Director Beneficial Owner ☐ General and/or Managing Partner **Managing Partner** Full Name (Last name first, if individual) LFT Partnership Business or Residence Address (Number and Street, City, State, Zip Code) Two North Riverside Plaza, Suite 1500, Chicago, Illinois 60606 Check Box(es) that ☐ Promoter ☐ Executive Officer □ Director ■ Beneficial Owner ☐ General and/or Managing Partner Managing Partner Full Name (Last name first, if individual) Alfa-Tech, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code)

Two North Riverside Plaza, Suite 1500, Chicago, Illinois 60606

FORM D

	B. INFORMATION ABOUT OFFERING
1,	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?
١,	Answer also in Appendix, Column 2, if filing under ULOE.
2.	What is the minimum investment that will be accepted from any individual?
_	Yes No
3. 4.	Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar
٦.	remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated
	person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A
Ful	Name (Last name first, if individual)
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)
Nai	me of Associated Broker or Dealer
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers
	(Check "All States" or check individual States)
	$[AL] \ \ \ \ \ \ \ \ \ \ \ \ \ $
	[IL]
	[MT]
	[RI] _ [SC] _ [SD] _ [TN] _ [TX] _ [UT] _ [VT] _ [VA] _ [WA] _ [WV] _ [WI] _ [WY] _ [PR] _
Ful	l Name (Last name first, if individual)
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)
Nai	me of Associated Broker or Dealer
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers
	(Check "All States" or check individual States)
	$[AL] \ \ \ [AK] \ \ \ \ [AZ] \ \ \ \ [CA] \ \ \ \ \ [CO] \ \ \ \ \ [DE] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
	[MT]
	[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WV] [WY] [PR]
Ful	Name (Last name first, if individual)
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)
Nai	me of Associated Broker or Dealer
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers
	(Check "All States" or check individual States)
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] HI] [ID]
	(IL)
	(MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
	[RI]
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USIZ	OF PROCEEDS		
۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	0	\$	0
	Equity	0	-	0
	Common Preferred	<u> </u>	-	
				
	Convertible Securities (including warrants) – Series D Convertible Preferred Stock	2,583,740.40	\$_	272,168.40
		ı		
	Partnership Interests			
		0	-	0
	Other (Specify)	<u>·</u>	-	272,168.40
		2,583,740.40	J	272,108.40
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number of Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$	272,168.40
	Non-accredited Investors		\$	
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.		_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	•	\$	
	Regulation A	·	\$	
	Rule 504		\$	
	Total		\$	
1, a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-	_	
	Transfer Agent's Fees		\$_	
	Printing and Engraving Costs		\$	
	Legal Fees	🛛	\$_	50,000
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$_	
	Other Expenses (identify)		\$	
	Total	X	\$	50,000

FORM D

:	and total expenses furnished in respon-	egate offering price given in response to Part C se to Part C – Question 4.a. This difference is	s the "adjusted			\$	222,168.40
5.	each of the purposes shown. If the amount	gross proceeds to the issuer used or proposed t for any purpose is not known, furnish an estial of the payments listed must equal the adjust to Part C – Question 4.b above.	mate and check	ţ			
	Purchase of real estate Purchase, rental or leasing and installa Construction or leasing of plant buildin Acquisition of other businesses (include that may be used in exchange for the a	ntion of machinery and equipmentngs and facilitiesding the value of securities involved in this off sects or securities of another issuer pursuant to		Payments to Officers, Directors & Affiliates		\$\$ \$\$	Payments to Others
			= =	<u> </u>	\boxtimes	\$	
			<u> </u>		\boxtimes	\$	222,168.40
	Other (specify):		🗀 \$_			\$ _	
			s	ı	П	¢	
				•	×	<u></u>	222,168.40
		added)		<u></u>	. لاحق	222,1	68.40
	-	·				· · ·	
		D. FEDERAL SIGNATURE		·			
ons	stitutes an undertaking by the issuer to furnis	ted by the undersigned duly authorized person sh to the U.S. Securities and Exchange Comm vestor pursuant to paragraph (b)(2) of Rule 50	ission, upon writ	f led under Rule : ten request of its s	505, tl staff, t	he follo he info	wing signature rmation
ssu	ner (Print or Type)	Signature 0 CO	11	D	ate		
Nar	nolnk, Inc.	Walno Le	4	A	pril 1	6, 2008	
lan	ne of Signer (Print or Type)	Title of Signer (Print or Type)					
tob	bert J. Sell	Secretary					
		-		,			
				ı			
			_				
_		ATTENTION	1				
nt	tentional misstatements or omis	ssions of fact constitute federal c	riminal viols	tions (See	i R I i	SC	1001)

		E. STATE SIGNATURE		
t.	Is any party described in 17 CFR 230.262 presently	y subject to any of the disqualification provisions of such rule?	Yes	No
		See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnis 239,500) at such times as required by state law.	sh to any state administrator of any state in which this notice is filed, a notice on Fo	orm D (17	CFR
3.	The undersigned issuer hereby undertakes to furnis	sh to the state administrators, upon written request, info mation furnished by the iss	suer to off	erees.
4.		familiar with the conditions that must be satisfied to be entitled to the Uniform Lire is filed and understands that the issuer claiming the availability of this exemptioned.		
	he issuer has read this notification and knows the contouthorized person.	ents to be true and has duly caused this notice to be sigred on its behalf by the unde	ersign e d o	fuly
aut			ersigned o	tuly
aut Iss	uthorized person.			tuly

Secretary

Instruction:

Robert J. Sell

Print the name and title of the signing representative under his signature for the state portion of this form. One ccpy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear type I or printed signatures.

APPENDIX

		2	3			4		<u> </u>	5
	Intend to non-a investor	I to sell ccredited s in State -Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOI (if yes, attach explanation of waiver granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL							 		
AK				· · · · · · · · · · · · · · · · · · ·			1		
AZ									
AR						-			<u> </u>
CA									
СО							<u> </u>		
CT							1		
DE							1		
DC		-							
FL									
GA									
НІ						-	- 		
ID									
IL		x	Series D Convertible Preferred Stock; \$2,583,740.40	3	\$272,168.40	0	so		х
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									

FÖRM D

	Intend to non-a investor	I to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualificate under State UI (if yes, attace explanation waiver grants (Part E-Item)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE				·					
NV									
NH									
NJ									
NM									
NY			-	<u> </u>					
NC							· ·		
ND				· · · · · · · · · · · · · · · · · · ·					
ОН									
OK				· · · · · · · · · · · · · · · · · · ·					
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT			.,						
VT			-	- · · · ·					
VA								_	
WA								-	
WV									
WI							 	_	

FO		

1	to non-a investor	1 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		o sell and aggregate offering price Type of investor and offered in state amount purchased in State		Type of investor and amount purchased in State			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY					-						
PR							ı		·		

